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ABSTRACT

The Navajo Health Authority (NHA) was created by the Navajo Tribal Council to guide and assist the Navajo people to improve their health and well-being. Its goals are to: (1) develop health manpower training programs appropriate to support the development of the American Indian Medical School and to meet the needs of the American Indians in staffing their health care systems; and (2) foster, guide and assist in the planning, development, cooperation and evaluation of a health service system for the Navajo people which will be exemplary and a model for the American Indian community. During the past year, NHA secured a land site at Shiprock, New Mexico, for the American Indian School of Medicine; organized a Governmental Liaison Committee, with representation from all the major, health-related departments of the Federal government; initiated a Family Practice Health Center and Residency Training Program at Shiprock; and prepared the draft legislation for the establishment and funding of the American Indian School of Medicine. This annual report presents data on NHA's progress. Topics covered are: legislative and community liaisons, the Joint Interagency Liaison Committee, the Medical School Planning Committee, administration and support services, Office of Student Affairs, Native Healing Sciences, preventive medicine, family and community medicine, health education, nursing office, emergency medical services, and health statistics and research. (NQ)

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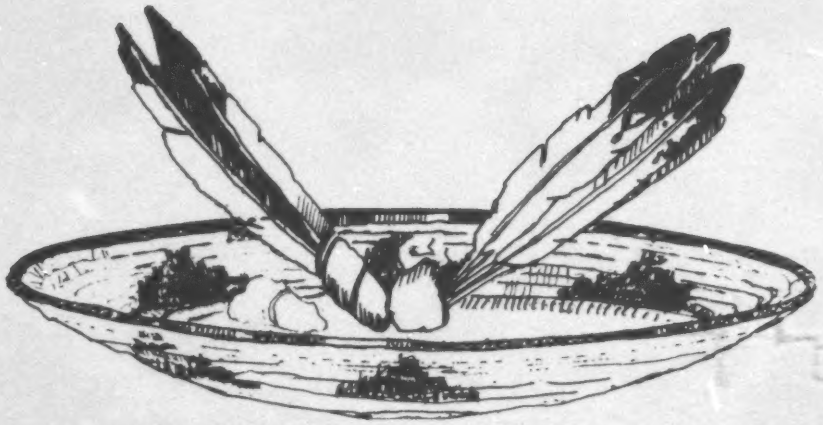
Navajo Health Authority

Board of Commissioners



ANNUAL REPORT

June 1975

U S DEPARTMENT OF HEALTH,
EDUCAT ON & WELFARE
NATIONAL INSTITUTE OF
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CAPSULES OF NAVAJO HEALTH AUTHORITY HISTORY

July 8, 1970 – President Nixon's Message to Congress

"Despite significant improvements in the past decade and a half, the health of Indian people still lags 20 to 25 years behind that of the general population . . . Only 2.4 percent of HEW's Indian health programs are run by Indians . . . The time has come to break decisively with the past and to create the conditions for a new era in which the Indian future is determined by Indian acts and Indian decisions . . . – we are presently able to identify in this country only 30 physicians and fewer than 400 nurses of Indian descent. To meet this situation, we will expand our efforts to train Indians for health careers."

June 2, 1971 – Navajo Tribal Council Resolution CJN-52-71 – "Creation of the American Indian Medical School Within the Navajo Nation"

". . . The American Indian, through the Navajo Tribal Council, respectfully requests the Honorable Elliot L. Richardson . . . to conduct immediately a planning study, and to submit to this Council a preliminary report within ninety days in the establishment of a medical school and related facilities within the Navajo Reservation . . . to proceed to obtain the necessary funding for the planning, design, construction, and operation of said medical school and its necessary related facilities . . . The present need for these facilities to train Indian medical personnel, within an Indian reservation, for the benefit of all American Indians is essential if the self-determination pronouncements of the Indian assuming the direction of his own destiny are to be meaningful . . . These facilities will complement and expedite all other existing medical training programs, and will assure Indian and Alaskan natives the chance to develop their talents, abilities, and interests to their highest potential."

July 1, 1971 – Annie D. Wauneka Letter to Secretary Richardson

". . . This will not be an empty promise – we call on your Department to help us obtain a full commitment of the Federal Government to provide us with an American Indian Medical School which will give our people the necessary training at all professional levels and the essential tools and facilities to accomplish the paramount objective – the care by Indians of our peoples' health."

September 10, 1971 – First on-site visit and meeting of Richardson Committee

March 9, 1972 – Navajo Tribal Council Resolution CMA-35-72 – "Approving the American Indian Medical School Report and Authorizing a Plan of Development"

". . . respectfully accepts the preliminary medical school report of the Health Committee, the Medical School Committee, and the DHEW representatives . . . to establish the Navajo Tribal Department of Health, with component parts, and to authorize, empower, enable and direct the Health Committee and the Director of this Department to carry to their fullest development the objectives, intent and recommendations of the preliminary report, . . ."

March 9, 1972 – Report of Richardson Committee to the Navajo Tribal Council

"The feasibility study team agrees with the objectives of the Tribal resolution, and we believe that they can be achieved. Therefore, all of our comments, suggestions and recommendations which follow are directed towards the accomplishment of the objectives of the resolution."

June 2, 1972 – Navajo Tribal Council Resolution CJN-44-72 – "Establishing the Navajo Health Authority"

"To develop health manpower training programs appropriate to support the development of the American Indian Medical School and to meet the needs of the American Indians in staffing their health care systems. Accomplishment of this goal should encourage Indian people to pursue a course of self-fulfillment through training in the health professions or allied skills . . . To foster, guide and assist in the planning, development, operation and evaluation of a health service system for the Navajo people which will be exemplary and a model for the American Indian community."

June 5, 1972 – Chairman MacDonald Appoints Commissioners to the Initial Board of the Navajo Health Authority

June 22, 1972 – First meeting of the Navajo Health Authority Board of Commissioners; Executive Director hired

July 1, 1972 – Begin Fiscal Year '73 operations with Indian Health Service and Navajo Tribal grants

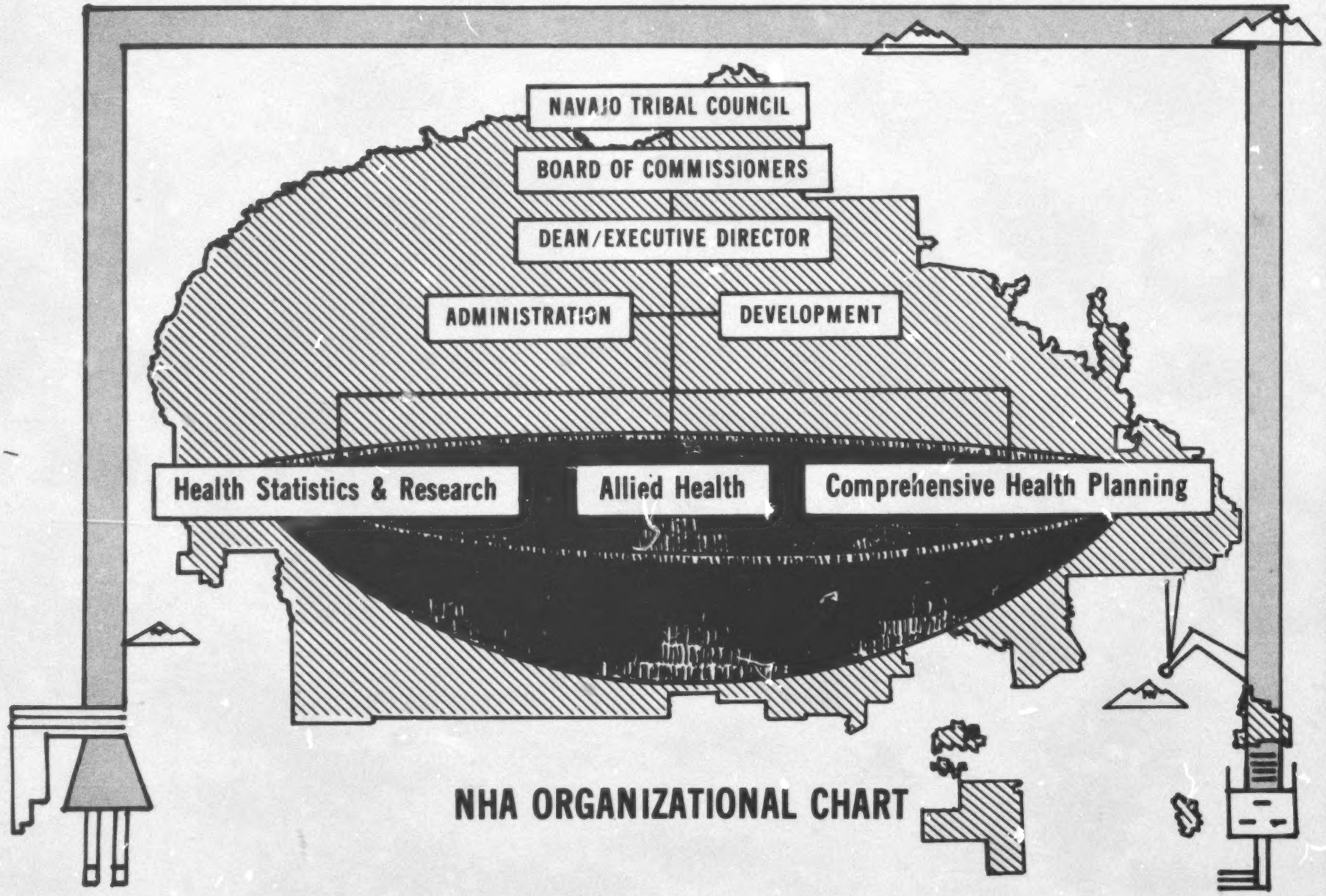
September 28, 1972 – Five-Year grant for the operation of an Area Health Education Center awarded

"To reduce the maldistribution of trained health care providers in medically underserved areas through the establishment of area health education programs designed to produce and retain skilled health care professionals."

December 12, 1972 – Board of Commissioners appoints Medical School Task Force to investigate and develop preliminary plans for medical school.

March 13, 1973 – Board of Commissioners accepts Task Force preliminary plan and establishes Medical School Committee; directs the establishment of a Medical School Planning Office, with recruitment and funding developments to proceed immediately.

June 11, 1973 – First annual meeting of the Board of Commissioners. All actions reviewed, funding renewed, and detailed plans for development are directed to proceed.



NHA ORGANIZATIONAL CHART

Statement of Goals, Functions and Philosophy

WHEREAS:

The principal purpose for which the Navajo Health Authority (NHA) was created by the Navajo Tribal Council is to guide and assist the Navajo people to improve their health and well-being.

The goals and functions described herein are designed to meet this stated purpose, thus when we speak of health care systems, we speak of the Navajo Nation; when we speak of the medical school and health education, we speak of the American Indian Medical School and the American Indian Community.

NOW THEREFORE BE IT RESOLVED THAT:

1. In keeping with this purpose, the attached Statement of Preamble, Goals and Functions and Basic Philosophy have been adopted by the Commissioners, pursuant to Resolution CJN-44-72 of the Navajo Tribal Council, June 2, 1972.

2. The Navajo Health Authority herewith requests the Federal Government, the Navajo Tribal Council and its subunits, and all philanthropic organizations not to fund or otherwise approve any non-federal programs for construction of any kind of health care facilities or for the operation of any kinds of health care program until the application for such funding has been considered and approved by the Navajo Health Authority. The major criteria of such approval will include the consistency with which such proposed interventions merge or coordinate with the overall health development activities throughout the Navajo Nation.

CERTIFICATION

This is to certify that on March 13, 1973, in meeting assembled at Tucson, Arizona, the Board of Commissioners of the Navajo Health Authority, upon a motion by Dr. Bucher, seconded by Glenn George, adopted the foregoing resolution and that same was passed by a vote of 19 in favor and 0 opposed.

(Signed) Taylor McKenzie, M.D.
Chairman
Board of Commissioners

STATEMENT OF GOALS AND FUNCTIONS

GOAL I DEVELOP HEALTH MANPOWER TRAINING PROGRAMS APPROPRIATE TO SUPPORT THE DEVELOPMENT OF THE AMERICAN INDIAN MEDICAL SCHOOL AND TO MEET THE NEEDS OF THE AMERICAN INDIANS IN STAFFING THEIR HEALTH CARE SYSTEMS. ACCOMPLISHMENT OF THIS GOAL SHOULD ENCOURAGE INDIAN PEOPLE TO PURSUE A COURSE OF SELF-FILLMENT THROUGH TRAINING IN THE HEALTH PROFESSIONS OR ALLIED SKILLS.

A. ESTABLISH AND OPERATE A CENTER FOR HEALTH PROFESSIONS EDUCATION.

1. Establish an American Indian Medical School.
2. Foster the development of other health education curriculum and schools required to support medical education.
3. Assure that the curricula for training is substantially oriented toward the practice of health care among the Navajos and other tribes.
4. Provide for the preservation and continuation of the Navajo and other Indian healing arts; support the study of those arts and the training of qualified practitioners of those arts; and to incorporate such arts into the health care education and delivery systems.

B. FULL DEVELOPMENT AND UTILIZATION OF THE BEST OF HEALTH KNOWLEDGE, ATTITUDES AND BEHAVIORS FOR ALL PEOPLE IN THE NAVAJO NATION.

1. Develop programs of health education based upon essential values of the Navajo culture.
2. Develop and maintain ties with surrounding educational institutions.
3. Provide adequate information about health careers in order to attract and recruit to the health field those who will experience true fulfillment.
4. Work for an educational system which prepares individuals to be self-fulfilling.
5. Foster programs of school health education that inform young people about the nature and value of health to themselves and the Navajo Nation.
6. Conduct health education programs in community and chapter areas throughout the Navajo Nation in order to positively influence the health behavior of all of the people and to ensure mechanisms to actively involve all citizens in their health programs.

C. EVALUATE THE PERFORMANCE OF THE HEALTH EDUCATION SYSTEM AND ITS COMPONENTS.

1. Test the actual performance of the system by comparisons with the standards (yardstick) of operations, established as goals and objectives of the educational system.
2. Apply various methods of scientific analysis to the process of evaluating the educational system in such a way as to produce positive results and confidence in those being evaluated and to create interest and desire to improve the effectiveness and/or efficiency of the system or of its components.

GOAL II TO FOSTER, GUIDE AND ASSIST IN THE PLANNING, DEVELOPMENT, OPERATION AND EVALUATION OF A HEALTH SERVICE SYSTEM FOR THE NAVAJO PEOPLE WHICH WILL BE EXEMPLARY AND A MODEL FOR THE AMERICAN INDIAN COMMUNITY.

A. STUDY THE HEALTH STATUS, HEALTH PROBLEMS, HEALTH RESOURCES AND RELATED FACTORS WHICH PERTAIN TO THE HEALTH OF THE PEOPLE IN ORDER TO UNDERSTAND HOW THE HEALTH OF THE PEOPLE CAN BEST BE ASSURED.

1. Engage in the collection of data pertaining to the health status of The People, health status trends, present and future health care needs, resources for health care and means of reconciling resources with needs.

2. Develop a thorough understanding of Navajo Culture, values, traditions, arts and beliefs in order to reinforce these and support the integrity of The People's ways while searching for appropriate patterns of accommodation between Indian and non-Indian health service methods.

3. Commission and carry out analyses of all relevant data in order to furnish guidance for planning efforts. Search for clues to the creation of more effective health maintenance programs, including environmental and behavioral influences, and the current personal health care programs available to the people.

4. Establish a data bank for health information and statistics, anthropological and sociological research on the Navajo or related peoples; develop a library of resource materials on the healing sciences and arts as such material may pertain to the work of the Navajo Health Authority.

B. PLAN, DEVELOP AND INFLUENCE A HEALTH SERVICE SYSTEM FOR THE PEOPLE WHICH WILL BE EXEMPLARY IN TERMS OF EFFECTIVENESS AND EFFICIENCY AND WHICH WILL SERVE AS A MODEL FOR THE AMERICAN INDIAN COMMUNITY PRIMARILY AND OTHER SIMILAR COMMUNITIES.

1. Develop a concept of operation beginning at the Area (Navajo Nation) level and on through agencies and chapter levels, which if properly organized, staffed, managed and coordinated will effectively and positively influence, preserve and maintain the health of the people.

2. Define the goals of the system in terms which can be made measurable and useful in managing and improving the performance of the system and its components.

3. Act as the Comprehensive Health Planning Agency forthe Navajo People, exercising full authority over the planning, construction, organization, and operation of all health resources, which are consistent with Comprehensive Health Planning Agency, U.S. Public Health Service and Navajo Tribal regulations, within the Navajo lands insofar as this may be necessary in order to secure the effectiveness and efficiency of the health care system. By Law and Federal Health Care system is exempt from CHPA authority.

4. Develop the resources and components of the health care system as these may be needed:

   (a) Find appropriate means of financing the health care system. Apply for grants, charge service fees, or make recommendations to the Navajo Tribal Council as to the appropriate policy for financing of the system on a continuing basis.

   (b) Recruit, train, or cause to be trained, the manpower necessary to staff the health service system.

   (c) Build or cause to be built the structures and facilities necessary for the functioning of the health service system.

5. Make recommendation to the Navajo Tribal Council with respect to policies which would contribute to the well-being or health of the Navajo people and to use all available resources of the Authority as an instrument of assistance to the Tribal Council in the formulation of policy for the well-being of the people.

C. EVALUATE THE PERFORMANCE OF THE HEALTH CARE SYSTEM AND ITS COMPONENTS.

1. Test the actual performance of the system by comparisons with the standards (yardstick) of operations established as goals and objectives of the system.

2. Apply various methods of scientific in such a way as to produce positive results and confidence in those being evaluated and to create interest and desire to improve the effectiveness and/or efficiency of the system or of its components.

D. MANAGE THE FLOW OF RESOURCES AND INFORMATION AMONG THE COMPONENTS IN SUCH A WAY AS TO STIMULATE AN ACTIVE AND CONTINUING SEARCH FOR WAYS OF INCREASING EFFECTIVENESS AND IMPROVING THE EFFICIENCY OF THE HEALTH CARE SYSTEM. USE DOCUMENTED DATA AS A BASIS FOR REWARDING INCREASED EFFECTIVENESS OR EFFICIENCY AND/OR FOR MODIFYING THE LEAST EFFECTIVE OR EFFICIENT UNIT.

GOAL III THE BOARD OF COMMISSIONERS WILL ESTABLISH ADDITIONAL GOALS AT TIMES AND OCCASIONS AS APPROPRIATE TO THE CONTINUED DEVELOPMENT OF THE NAVAJO HEALTH AUTHORITY.

TABLE OF CONTENTS

Page

I. COMMISSIONERS
- A. Message from Chairman of the Board 1
- B. Members, Board of Commissioners 2
- C. Committee Membership 6

II. OUR PROGRESS
- A. Remarks by Executive Director/Dean 7
- B. Legislative Liaison 8
- C. Community Liaison 8
- D. Development 9
  - 1. Joint Interagency Liaison Committee 10
  - 2. Medical School Planning Committee 10
- E. Administration and Support Services 10
- F. Allied Health Education 11
  - 1. Office of Student Affairs 11
  - 2. Native Healing Sciences 13
  - 3. Health Science Library 14
  - 4. Preventive Medicine 15
  - 5. Family and Community Medicine 15
  - 6. Health Education 16
  - 7. Nursing Office 16
  - 8. Emergency Medical Services 16
- G. Health Statistics and Research 18
  - 1. Comparative Health Services Evaluation 18
- H. Comprehensive Health Planning 19

III. OUR FINANCES 20

IV. OUR STAFF 21

V. CHARTS
- A. Flow Chart, American Indian School of Medicine 27
- B. Functional Chart, Navajo Health Authority 28
- C. Emergency Medical Services System 29

A. MESSAGE FROM THE CHAIRMAN OF THE BOARD OF COMMISSIONERS

Beyond the covers of this report, the essential programs of the Navajo Health Authority (NHA) quietly go forward under the able guidance and dedicated direction of a number of important standing committees.

EACH YEAR — the dedicated individuals on these committees create a little more understanding regarding the health needs of the American Indian — a little more hope for the future generations of our People;

EACH YEAR — NHA efforts bring new victories over the common enemy of our People — disease;

EACH YEAR — more of our friends are extending a helping hand to assist us in conquering that enemy of our People;

EACH YEAR — the dream of an American Indian School of Medicine is closer to becoming a reality for our People;

EACH YEAR — one essential ingredient for success is ever stronger and more stable — the determination of a lot of people in a lot of places to stir up a potent ferment of new ideas for the future health education and welfare of our People;

And again — EACH YEAR — we find that many problems still remain to be solved in this monumental undertaking.

NHA was conceived and established for the purpose of finding the answers to our health problems. NHA is an indispensable imperative for our time if we are destined not to retrogress in our unending pursuit of promoting the health and welfare of our People.

And each year must bring us closer to the time when we can say to ALL people;

THIS YEAR — we have decreased the rate of infant deaths among our People;

THIS YEAR — we have conquered tuberculosis, dysentery, eye diseases and alcoholism;

THIS YEAR — we have trained a sufficient number of our own physicians, medical and health technicians, nurses and administrators to staff our own hospitals and clinics;

THIS YEAR — the American Indian can stand taller, healthier and prouder, because THIS YEAR we know the answers and can provide the solutions to the health needs of our People.

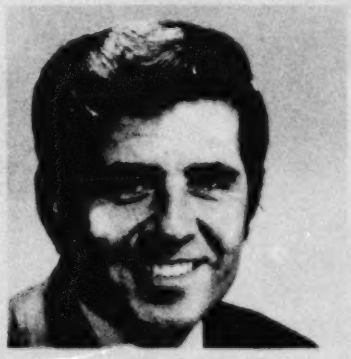
MEMBERS OF THE BOARD OF COMMISSIONERS

Art Arviso
Executive Assistant to the Chairman
Navajo Tribal Council
Window Rock, Arizona

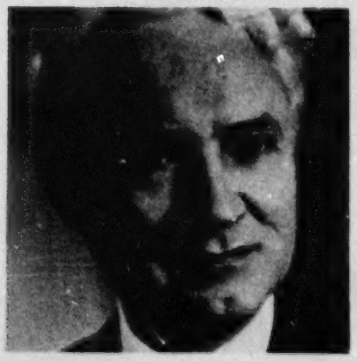
Robert M. Bucher, M.D.
Dean, College of Medicine
University of South Alabama
Mobile, Alabama

Thomas E. Atcitty
President
Navajo Community College
Many Farms, Arizona

David Clah
Medicineman
Teec Nos Pos, Arizona



George Blue Spruce, D.D.S.
Director, Office of Native American Programs
Department of Health, Education and Welfare
Washington, DC



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Member
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Window Rock, Arizona

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CHR Supervisor
Macy, Nebraska

Jackie Yazzie
Medicineman
Chinle, Arizona

NHA BOARD OF COMMISSIONERS

C. **— COMMITTEE MEMBERSHIP —**

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4. Benjamin J. Hogue, Vice Chairman
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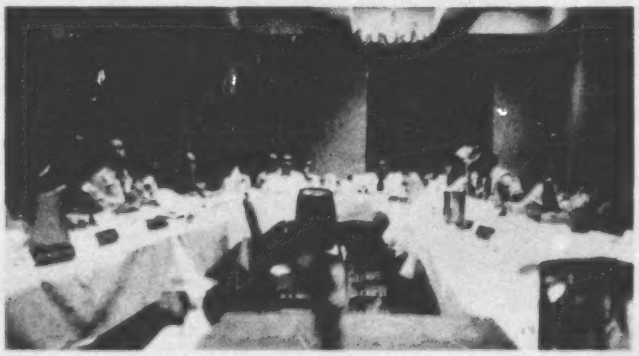
NHA Board of Commissioners



June 1975 — Annual Meeting held at Four Seasons, Albuquerque, New Mexico

A. **REMARKS BY EXECUTIVE DIRECTOR/DEAN**

The staff of the Navajo Health Authority is pleased to present this third Annual Report of the Board of Commissioners of the Navajo Health Authority. The progress and the impact of the Navajo Health Authority and its programs have been substantial, and have played an increasingly important role in health care deliberations and activities on the Navajo Reservation.

While beset and impeded some by the difficulties inherent in development and the uncertainty of continued support, next year's planning and activities should permit the Navajo Health Authority to develop a more stable funding and organizational base from which to evolve as a reliable and durable institution.

Despite these difficulties, however, the Navajo Health Authority is emerging as a health authority in its own right — a tribute indeed to the perceptiveness and the dedication of the staff of the Navajo Health Authority is commended to the Board of Commissioners.

Taylor McKenzie, M.D.
Executive Director/Dean

HIGHLIGHTS OF THE PAST YEAR

1. Appointment of Taylor McKenzie, M.D., as Dean of the American Indian School of Medicine.
2. Appointment of William A. Sodeman, M.D., eminent medical educator, as Kellogg Senior Scholar.
3. Securing of a land site at Shiprock, New Mexico, for the American Indian School of Medicine.
4. Organization of a Governmental Liaison Committee, with representation from all the major, health-related departments of the federal government.
5. Initiation of a Family Practice Health Center and Residency Training Program at Shiprock, New Mexico.
6. Preparation of draft legislation for the establishment and funding of the American Indian School of Medicine.
7. Initiation of a program to supplement and update the medical libraries in all the Health Service Units on the Navajo Reservation.
8. Application for designation of the Navajo Comprehensive Health Planning Agency as a Health Service Area under the new legislation (Public Law 93-641).

B. **Legislative Research and Liaison**

Early in 1974, the Navajo Health Authority initiated a series of contacts with Congressional representatives from New Mexico and Arizona, as well as with those from other parts of the country. Legislative possibilities were discussed with Senators and Congressmen, and reactions to the proposed legislation ranged from the very skeptical to the very supportive. Among those most supportive of NHA's efforts in the development of a School of Medicine for American Indians was U.S. Senator Pete V. Domenici (R-New Mexico). In August, an NHA staff member was detailed to Washington, D.C., for several months to work with Senator Domenici's staff on legislative research and other activities relating to the development of legislation for the school of medicine.

Legislative research completed includes the compilation of data in support of a justification statement to accompany the AISOM legislation throughout the legislative process. Liaison activities continue to include contacts with Congressional representatives from the Four Corners area — Arizona, Colorado, New Mexico and Utah — as well as other key Senators and Congressmen. A report covering results of Congressional contacts and other activities were completed for review by the Board of Commissioners.

C. **Office of Liaison**

Relevant communication, coordination and support is very critical to the establishment of the American Indian School of Medicine as well as obtaining accreditation of all programs. Special effort is made by this office to involve and share this experience with other Indian groups as well as local communities. An essential function of this office is to identify and involve those people representative of National Indian leadership, who are most active and influential in bringing about the positive and enthusiastic support of the medical school.

Considerable progress already has been made to obtain the involvement and thrust of the total American Indian community for this program on their behalf. Numerous tribal groups and organizations continue to solicit the visitation of our staff, and Board members, to participate and learn more about the development of the medical school.

In an effort to maintain adequate communication and coordination of the medical school development a mailing list has been developed for dissemination of information to all concerned individuals, groups and organizations.

A list of those organizations from whom we have received support documents thus far follows.

SUPPORT DOCUMENTS
FOR
AMERICAN INDIAN SCHOOL OF MEDICINE

NATIONAL

National Indian Health Board, Inc.	March	1973
Association of American Indian Physicians	August	1974
National Congress of American Indians	October	1974
7 States Indian Health Association	October	1974
United Southeastern Tribes	November	1974
National Tribal Chairmen's Association	January	1975
Amer. Ind. Com. on Alcoholism & Drug Abuse	January	1975

REGIONAL

Sisseton Wahpeton Sioux Tribe	September	1974
California Rural Indian Health Board	January	1975
Phoenix Area Health Board	January	1975
Oklahoma Area (IHS) Advisory Board, Inc.	February	1975
All-Indian Pueblo Council	May	1975
Billings Area Health Board	May	1975
Bristol Bay Area Health Corporation (Alaska)	Undated	
Sells Executive Health Board	May	1975
Inter-Tribal Council of Nevada	May	1975

LOCAL

The Navajo Tribal Council	June	1971
Shiprock District Council	July	1973
Two Grey Hills Chapter	August	1973
Kayenta Service Unit Health Board	November	1973
Tuba City Agency Council	November	1973
Shiprock Service Unit Health Board	May	1974
Navajo Area School Board Association	June	1974
Reservation-Wide CAC Executive Board	June	1974
Reservation-Wide School Board Conference	June	1974
Shiprock Chapter	October	1974
Tuba City Chapter	January	1975
Tuba City Service Unit Health Board	January	1975
Coppermine Chapter	January	1975
Navajo Area Indian Health Board	February	1975
Rough Rock School Board, Inc.	February	1975
Chilchinbeto Chapter	March	1975
Fort Defiance Agency Council	April	1975
Fort Defiance Service Unit Health Board	April	1975
Tuba City DNA Agency Council	April	1975
Canoncito Chapter	April	1975
Navajo Nation Health Foundation	May	1975

D. **Development**

This office has responsibility for the planning and developmental activity having to do with the American Indian School of Medicine. Contacts are made and relationships continue to be cultivated with a variety of potential funding sources, including private foundations. All proposals for funding either originate in, or are reviewed here.

In connection with the medical school, a variety of structures, activities and programs must be planned for, including teaching facilities, classroom facilities, clinical facilities, living quarters for students, staff and faculty, office facilities and related support structures. Estimation of anticipated costs and development of funding and construction schedules are a necessary part of this task.

The Development Office provides staff support to various committees, including the Dean's Medical School Planning Committee, the Board's Medical School Committee and the Board's Fund Development Committee. In addition, the office provides staff support and assistance to the Executive Director/Dean as needed and as assigned.

1. **Joint Interagency Liaison Committee**

This committee consists of representation from the major federal offices and agencies which are concerned with Indian health and health education. They include the Indian Health Service, the Bureau of Indian Affairs, the Department of Housing and Urban Development, the Department of Labor, the Department of Commerce, the Veterans Administration, the Office of Native American Programs, the Department of Transportation, and the Bureau of Health Resources Development.

The function of this committee is to identify potential resources which may be used by NHA/AISOM, and to assist in communicating to, coordinating with and supporting NHA in the development of the American Indian School of Medicine.

2. **Medical School Planning Committee**

This committee, consisting of nationally and regionally prominent medical educators, was formed to provide expert advice and consultation to the Dean and his staff regarding the development of the American Indian School of Medicine. Subjects of primary concern to date have included requirements for accreditation, possible affiliations with regional medical schools, general curricular parameters, governance and costs. Representatives of the Bureau of Indian Affairs and the Navajo Area Indian Health Service are ad hoc members of this committee.

The Dean's Medical School Planning Committee

(1) William A. Sodeman, M.D., Chairman
(2) George E. Bock, M.D.
(3) William H. Wiese, M.D.
(4) John P. Schaefer, Ph.D.*
(5) James W. Hampton, M.D.
(6) Irvin E. Hendryson, M.D.*
(7) G. Richard Lee, M.D.
(8) Robert W. Putsch, M.D.

*Members of NHA Board of Commissioners

E. **Administration and Support Services**

The Administration Division's principal function is to provide fiscal control and accountability for NHA. This includes the maintenance of financial records, including grants and contracts, both federal and private, the controlling of expenditures, the maintenance of personnel and property records, and the maintenance of employee benefit programs. Employee benefits include a retirement program, a life insurance plan and a medical plan for employees and their dependents.

The Administration Division has responsibility for the development and presentation of the annual operating budget. This procedure includes review of estimates with department and division heads, review by the Board's Budget and Finance Committee, and consideration by the full NHA Board for adoption.

The accounting system of NHA has been substantially changed to reflect a more timely reporting system with the usage of computers. All financial data and reports will be computerized and in operation for Fiscal Year 1976.

F. Allied Health Education

The Area Health Education Center (AHEC) Contract is at the midpoint of its five-year funding cycle. During the past year the Maternal and Child Health program was integrated with the Office of Family and Community Medicine, and the areas of Nursing and Allied Health Education were separated into separate offices.

The past year saw activities ranging from planning and development of a post-graduate medical education program to implementation of a health education program for consumers; from continuing medical education for physicians, nurses, and allied health personnel to providing stipends for Indian students studying in a variety of health related areas; from training over 100 emergency medical technicians to providing summer work experience in area hospitals and clinics for health career students.

During the past twelve months, administration of the AHEC contract was moved from Washington, D.C., to the Dallas Regional Office. In addition, DHEW Auditors performed a comprehensive fiscal and program review of the UNM-NHA/AHEC program. The results of both events have been a re-evaluation of our contractual obligations and a redefinition of our scope of work.

The future of the AHEC looks promising. With the appointment of a full-time Director, for the first time the program will enjoy the administrative solidarity afforded by a full compliment of faculty. Many activities which have been discussed, planned and designed during the first two and one-half years will realize fruition over the next two years. The possibility of continued BHRD funding beyond the five-year contract period is receiving favorable support at the federal level. In addition, several programs have been successful in attracting both public and private funding for continuation and expansion of their activities. The following pages describe the activities of each of the AHEC programs.

F. 1. Office of Student Affairs

The major responsibility of this office is to identify, entice, recruit, place and provide assistance to potential health career students. Since the establishment of OSA, many hundreds of applications for assistance have been received from Indian people across the country. During the past year, the OSA assisted the following:

Medical Students	24
College Students in health areas	40
Nursing	25
Graduate — MPH and other areas	5
Dental Student	1
TOTAL	95

Three Ned Hatathli Health Seminars were held this year. They are as follows:

Albuquerque, New Mexico — This seminar was co-sponsored by All Indian Pueblo Council and Navajo Health Authority. Approximately 250 Indian high school students from the northern half of New Mexico participated in this semina

Tucson, Arizona — This seminar was co-sponsored by Navajo Health Authority and Amerind Indian Club of the University of Arizona at Tucson. Approximately 450 Indian students from the southern half of Arizona participated.

Flagstaff, Arizona — This seminar was co-sponsored by Navajo Health Authority, Native American United, Hope Senom Club, Hopi Health Professions Development Program, Med-Start Program of University of Arizona and Alchesey Health Club. Approximately 250 Indian students from the northern half of Arizona participated.

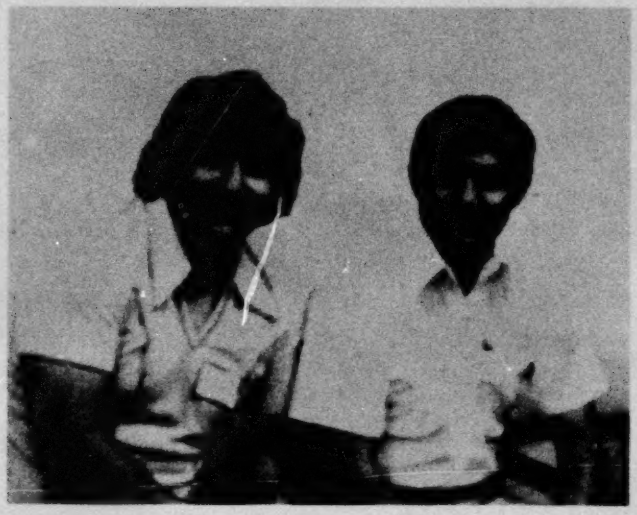
A reservation Counselor Workshop for counselors from BIA, Public and Parochial Schools was held in an attempt to identify and resolve common problems encountered in identifying and recruiting potential health career students.

Eight (8) medical, twenty-one (21) college and twenty-five (25) pre-collegiate students were placed at various health units throughout the reservation for an eight-week summer program.

Approximately thirty (30) students participated in a Veterinary Aide Training Program. The training was co-sponsored by the Navajo Tribe, Colorado State University and Navajo Health Authority.

The Dr. Wilson Francisco Memorial Scholarship was established by the family of the late Dr. Francisco, the Office of Student Affairs of NHA and Colorado State University. Approximately $1,400 was raised through the efforts of the OSA staff, which will be used for a Navajo veterinary student during the 1975-76 school year.

Office of Student Affairs

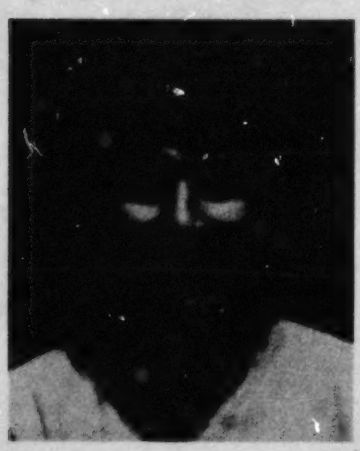


Jack C. Jackson, Director of Student Affairs is shown with Herman C. Fredenberg, who has received financial assistance from the Navajo Health Authority.

Herman graduated from Window Rock High School in 1968. He immediately entered the University of New Mexico on a Football Scholarship. He received a Bachelor's degree in Liberal Arts in June, 1972. In May of 1975, Herman graduated, received his D.D.S., from the University of Kentucky, School of Dentistry. Herman is presently serving his internship in Alaska.

He has committed that he would return to the Reservation in the States to work with Indian people.

Office of Student Affairs



Roger GreyEyes, Navajo, is presently a fourth year medical student at the University of Utah, Salt Lake City, Utah. He started his education career at Navajo Mountain Day School; attended Chilocco and Riverside Indian School; graduated from Thunderbird Academy High School, Scottsdale, Arizona in 1963. He was a pre-med student at Pacific Union College from 1963-1965. In 1969 he received his degree in Biological Science from Warner Pacific College.

Native Healing Sciences

Established to develop and promote the full utilization, preservation, education and practice of the Navajo healing sciences appropriate to the future health needs of the people, and to integrate them into the health care system provided by western practioners in a way that will be both complimentary and parallel. As a step in fulfilling this charge a medicine man training program was conducted in conjunction with the Rough Rock Demonstration School. Data has been collected on approximately 350 Native Healing Sciences Practioners in addition to consultation and research being carried out principally in the field of herbal medicine.

23

Medicinemen in Practice

F. 2. **Native Healing Sciences**

The Office of Native Healing Sciences was established to develop and promote the full utilization, preservation, education and practice of the Navajo healing sciences appropriate to future health needs of the people, and to integrate them into the health care system provided by western practitioners in a way that will be both complimentary and parallel. As a step in the fulfilling of this charge, contacts have been made and data collected on approximately 350 native healing sciences practitioners. In addition, consultation and research is being carried out, principally in the field of herbal medicine. These are ongoing projects.

In the encouragement of the use of native practitioners, the Office of Native Healing Sciences is cooperating with other agencies in the establishment of a program which will utilize and integrate various methods of treatment and rehabilitation for alcoholics.

The second goal of this office is to develop a thorough understanding of Navajo culture, values, traditions, arts and beliefs, in order to carry out and make the appropriate accommodations between Indian and non-Indian health service methods. Ongoing orientation in the form of film presentations, talks, and articles and art work in publications such as "NHA Ba Hani," are helping to accomplish this. Talks are being made at teacher's workshops, and to students in schools, colleges and universities. The discussions which follow such talks provide information on sensitive areas in which understanding is needed and provides ideas for curriculum development for the American Indian School of Medicine.

F. 3. **Health Sciences Library**

This year, the Health Sciences Library moved into new, expanded quarters, making possible the shelving of all books and the provision of better library services. As of this date, subscriptions to 178 journals are entered and bound. The library is an official entry point into the National Regional Biomedical Library Network. The year saw the organization of resource collections on medical and allied health, indexes, reference, and Indian (principally Navajo) culture. This collection is adequate to meet the first-step reference needs of both the NHA staff and the health service units of the Navajo, the Hopi, and fringe areas. Under a contract with Navajo Area Indian Health Service, the library provided professional services which meet, and in some cases exceeds the standard for information services set by Joint Commission on Accreditation of Hospitals. These services included:

a. Ordering, processing, and organizing books and other printed materials into the existing collections at the health service units. These collections include materials on Navajo culture to aid and better the understanding of, and thereby more effectively treat the Navajo patient. Small core reference collections were placed in the satellite clinics.

b. Provide an orientation course for part-time, previously untrained librarians from the various Health Service Units, to enable them to manage the health service unit collections and to aid professional staff in using the information services provided by the National Library of Medicine Network.

F. 4. **Preventive Medicine**

This year, pending the appointment of a permanent AHEC Director, the Office of Preventive Medicine assumed administrative and supervisory responsibility for the AHEC contract. Activities included preparation and coordination of the overall budget, preparation of quarterly and annual reports, and a redefinition of the contractual scope of work.

The Navajo Streptococcal Disease Control Program which was established in January, 1974, has been expanded to provide surveillance activities in twenty reservation schools. A full-time director for the program has been employed and the program has secured contract funds from the Navajo Area Indian Health Service for continuation of the program through FY 1976.

Progress continues toward development of a variety of allied health training programs at Navajo Community College (NCC). AHEC faculty have worked closely with NCC personnel, as well as personnel from Indian Health Service, and University of New Mexico-Gallup Branch, to identify health manpower deficiencies and to design training programs to address these deficiencies. Six training programs are now being considered which would form the nucleus of an allied health training effort.

The Faculty Development Subcontract with Navajo Community College is continuing. Four faculty persons, including three doctorate level positions, are presently being wholly or partially funded by this subcontract. The amount of the subcontract will be increased during the next fiscal year to allow additional faculty support.

F. 5. **Family and Community Medicine**

Preceptorships for medical students were supervised and evaluated during the summer of 1974 and in March and April, 1975. For the 1975 summer program, seven (7) medical students have been placed and four (4) more are undecided.

This office has worked with the Office of Health Education performing survey of need, determination of subject and format and briefing of faculty teams for Continuing Education programs. Programs in Dermatology and Trauma were presented at all service units and at Zuni and Keams Canyon.

The major effort has been expended on development of the Family Health Center and the Family Practice Residency Program. Relationships have been developed, and advice and consultation has been reviewed from the Consortium Universities, Arizona, New Mexico, Colorado and Utah, the American Academy of Family Practice, the Residency Review Committee for Family Practice, the Navajo Area Indian Health Service, the professional and administrative staff of Shiprock Service Unit, the Area Health Board and the Shiprock Service Unit Health Board. The Health Center building is located adjacent to Shiprock Hospital. Recruitment of staff was begun in late 1974 for an anticipated opening date of July, 1975. Consultant and clinical volunteer faculty are being recruited and the operation will be ready for rotational residents in October, 1975. Efforts continue to obtain long-term funding through various DHEW programs as well as from private foundations.

F. 6. **Health Education**

The Office of Health Education continues its active involvement in the planning and implementation of the 1975 Navajo Nation Health Symposium, scheduled for July 21-25, at Navajo Community College in Tsaile, Arizona. Aimed at the health professional and para-professional as well as the lay community, the Symposium offers a unique opportunity for the sharing of health and health-related information and concerns.

Program plans suggesting the utilization of numerous methods of providing consumer health education on Navajo have been developed and are under consideration. In addition, a multi-component, mass media approach to consumer education is underway.

A Continuing Medical Education program directed toward reservation and adjacent area based physicians and allied health professionals was implemented in February of this year. Seminars have been scheduled and held at over ten sites located throughout the Navajo, Hopi and Zuni Reservations.

N.H.A. Ba' Hani', the newsletter of the Navajo Health Authority/AHEC, is now distributed on a bi-monthly basis to over 1,000 subscribers in forty-five states.

F. 7. **Office of Nursing Education**

The Office of Nursing Education was activated in January, 1975, with the arrival of its director. The primary function of this office is to provide a central liaison and coordinating mechanism for nursing education within the Four Corners region. Accordingly, liaison has been established with the Four Corners States baccalaureate nursing programs and schools of nursing. In addition, the office has worked with Navajo Community College School of Nursing to establish linkages with these programs.

The Office of Nursing Education has been active in regionally coordinated efforts to plan for and develop Allied Health training programs. It has sponsored a Continuing Education Coordination meeting for the CE Nursing Programs and Directors of Nursing. It has also assisted with the planning and implementation of multi-disciplinary, continuing health sciences education programs sponsored by the NHA Office of Health Education in conjunction with the University of Arizona.

A Rural Critical Care Training Program will be provided for the Indian Health Service facilities in the Four Corners area this year. The Director served on the WICHE Advisory Committee of a three-year Kellogg grant, "Models for Introducing Cultural Diversity in Nursing Curricula." Plans are being made to assist NCC in curriculum evaluation and revision. In addition, planning was done for the Second Annual Indian Nursing Education Conference, which was held in Tuba City, Arizona, in June, 1975.

F. 8. **Emergency Medical Services**

Grants from the Robert Wood Johnson Foundation, the Emergency Medical Services Division, DHEW, the U.S. Department of Transportation, and the NHA/UNM Allied Health Education Center have provided funds totaling over $1,000,000 to enable the EMS project to establish an EMS System of excellence to check the leading causes of death and disability in the Navajo, Hopi, Zuni and Ramah region.

The EMS school is directed and staffed by bilingual Indian faculty. During the past year, it has provided nationally recognized programs of training for 400 trainees.

- 88 Emergency Medical Technicians
- 145 Safety and Law Enforcement Personnel
- Academic credit for 53 students at NCC and the UNM extension branch
- 110 members of the public at the chapter level through the Crownpoint-Pueblo Pintado demonstration project
- In cooperation with the Federation of Rocky Mountain States, Inc., a curriculum by a satellite is being presented at Tuba City and Fort Defiance to encompass seven sessions.

Emergency transportation has been augmented by the addition of 13 "emergency room on wheels," staffed by EMTs to augment the pre-existing fleet of only 7 front-line ambulances on the reservation. In addition, 10 general purpose, four-wheel drive suburban type vehicles to provide backup and improve accessibility to health care have been secured.

A regional EMS communications system in the 450 mhz range, so as to be operationally compatible with adjacent sites, is being installed to provide voice communication, and eventually telemetry, between mobile units and hospital Emergency Departments.

A unique system of evaluation has been instituted which will establish essential baseline data and correlate the performance of EMTs and Emergency Department Management with definitive hospitalization and mortality/disability rates.

An EMS council has been formed and is functioning.

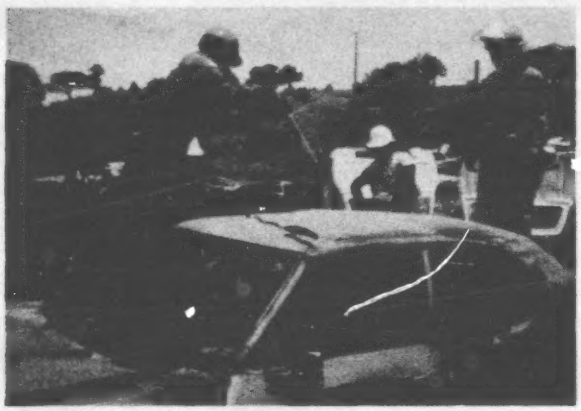
The future will provide the opportunity for stabilization of the Basic Emergency Life Support System and concurrent transition into an advanced, more sophisticated, Emergency Life Support System.

Emergency Medical Training

An advanced course in extrication was conducted June 17, 18, and 19, by the University of New Mexico School of Medicine, Division of Emergency Medicine, formerly the New Mexico Regional Medical Program. The course included the following:

Methods of extricating trapped individuals from automobiles and collapsed buildings; rescue methods from high buildings, cliffs, mountain tops, cave-ins, and water; review of Medical Emergencies; safety, types of rescue equipment; and fire and electrical hazards.

Nineteen students participated in the training, representing the Navajo EMT corps, the Navajo Police, the Navajo Rangers Department, and the Zuni Rangers Department.

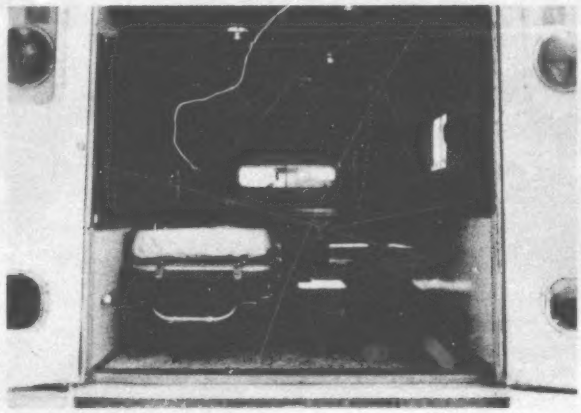


Modular Ambulance

The term "modular" is derived from the self-contained emergency compartment, or module, which can be transferred from one chassis to another. Its durability will allow several chassis replacements while its design meets the highest criteria of national ambulance standards.

The ample interior and exterior storage compartments, built into the module, hold a multitude of equipment and supplies equal to almost any emergency. The one ton chassis is equipped with front mounted winch, fixed and portable floodlights, and loud speakers. Altogether they are superior and flexible additions to the emergency fleet.

A picture of the modular ambulance is shown below:



G. Health Statistics and Research

This Division was initiated this year by incorporating several evaluation and research programs into a single office whose responsibility is to develop and provide evaluation and research support and health statistical information for planning and development purposes to all NHA programs.

The Division currently operates two major programs — the AHEC Evaluation and Research Program and the Comparative Health Services Evaluation Project (CHSEP, Phase II). The AHEC Evaluation and Research Program is currently conducting the program evaluation for the AHEC, research on American Indian medical students, and research on retention of physicians and nurses in the Navajo area.

The Division is engaged in attempting to develop a unified health data base in cooperation with Navajo IHS, NCHPA and other health agencies. Some planning is now being conducted to enable the Division to develop a capacity to conduct selected research in health areas which have a high priority. Staff members are providing consultation to organizations which wish to conduct health research in the Navajo area and are attempting to act as brokers to encourage research groups to conduct needed research on the Reservation. The staff are engaged in developing a total evaluation effort for NHA programs in conjunction with other NHA components.

G. 1. Comparative Health Services Evaluation

The first quarter of Fiscal Year 1975 marked the completion of the Comparative Evaluation Project (CEP). While some portions of this were more successful and gained greater recognition than others, the overall project can be viewed as a successful formative evaluation study.

During the second quarter of Fiscal Year 1975, there was no formal Comparative Evaluation Project. Negotiations for a Phase II CEP, to be called the Comparative Health Services Evaluation Project (CHSEP), were completed, and a subcontract signed with the Navajo Area Indian Health Service and the Navajo Tribe on February 3, 1975.

Sites to be evaluated during this project period are: Kayenta Service Unit, Crownpoint Service Unit, Fort Defiance Service Unit, and the Cuba Checkerboard Area Health System.

In addition, the CHSEP is actively participating in local, regional, and national meetings on the need for a uniform data base at all three levels of government in order to better assess the health status and health needs of the Navajo population.

H. **Navajo Comprehensive Health Planning Agency**

The mandate exists for the Navajo Health Authority to act as the comprehensive health planning agency for the Navajo Nation, exercising appropriate authority over the planning, construction, organization and operation of all health resources within this area insofar as this may be necessary to improve the effectiveness and efficiency of the health care system. This responsibility was delegated by the Board of Commissioners of the Navajo Health Authority to the Navajo Comprehensive Health Planning Agency.

The Navajo Comprehensive Health Planning Agency is funded through Public Law 89-749, under Section 314(b) and receives direction and recommendations from an eighteen-member Advisory Council which represents consumer, health provider and tribal government interests within the Navajo and Hopi Nations.

One of the most significant activities of the Navajo Comprehensive Health Planning Agency is its participation in seeking designation for the planning area as a Health Service Area and designation of the agency as a Health Systems Agency under the National Health Planning and Resources Development Act of 1974, Public Law 93-641, which replaces the enabling legislation which created comprehensive health planning agencies under Public Law 89-749, Section 314(b).

The original concept of decentralizing the agency's planning activities has been realized with the establishment of two field offices in Chinle and Crownpoint areas. Volunteer sub-area health councils have been formed within those communities and are providing the vital link for grassroots input into health planning.

Major accomplishments include:

The completion of a mapping project, which provided an excellent training opportunity for graduate and college students and which resulted in the area's only comprehensive mapping of homesites; the conduct of an agency site assessment by the Arizona Department of Health Services and the Region IX Health Service Administration; the acquisition of a health planning contract from the New Mexico Health Planning Council; submission of an Emergency Medical Services Plan to the New Mexico Department of Health Planning; delivery and distribution of a Health Impact Statement at the United States Department of the Interior Bureau of Reclamation Public Hearings on the WESCO Gasification Project; effective review and comment activities involving over 25 projects submitted by the New Mexico Comprehensive Health Planning Office, Arizona Department of Health Services, and various tribal and independent health programs within the planning area; and publication of an agency newsletter.

Our Finances

NAVAJO HEALTH AUTHORITY
STATEMENTS OF ASSETS, LIABILITIES, DEFERRED REVENUE, AND FUND BALANCE

	FY 1973	FY 1974	FY 1975*
ASSETS			
Cash (Overdraft)	$ (2,645)	$181,333	$ 49,573
Accounts Receivable:			
Accounts and Grants Receivable	413,050	292,974	482,263
Travel Advances	3,261	10,090	14,078
Other	27,498	10,671	
Scholarship Trust Account		75,507	75,507
Deposits	538	538	538
Medical Library	623	3,494	3,494
Equipment	14,174	41,612	41,612
	$456,499	$616,219	$667,065
LIABILITIES, DEFERRED REVENUE, AND FUND BALANCE			
Liabilities:			
Accounts Payable	42,389	34,206	25,840
Note payable to bank	15,000	50,000	25,036
Employee Compensation	9,920	25,554	—
Accrued Leave	—	15,607	—
Other Accrued expenses	225	4,425	—
	67,534	129,792	50,876
Deferred Revenue:			
Deferred Grants Income	358,253	399,444	408,118
Investment in Medical Library and Equipment	14,797	45,106	45,106
Fund Balance:			
Unrestricted	19,722	39,677	148,218
Restricted (deficit)	(3,807)	2,200	14,747
	388,965	41,877	162,965
	$456,499	$616,219	$667,065

*March 31, 1975

Our Staff

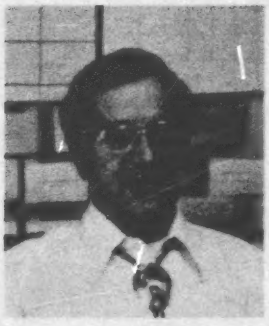
Executive Staff

Taylor McKenzie, M.D.,
Executive Director/Dean

Edward L. Perkins,
Community Liaison

Anna Mae Begay,
Executive Secretary

Office of Planning and Development



Philip Longhurst, Jr.,
Director

Phyllis Nahkai,
Administrative Secretary

Administration and Support Services

Leo C. Watchman,
Director

Silas V. Bohanan, Jr.,
Personnel & Purchasing

Tommy K. Begay,
Comptroller

Arthur Belone,
Chief Accountant

Melvin Chee,
Accountant I

James Manuelito,
Accountant II

Stella Denetso,
Accounting Clerk

Dwayne Jordan
Contracts Officer

Marjorie Hubbard,
Secretary

Bernice Etsitty,
Receptionist

Ruby Hunt,
Switchboard Operator

32

Health Statistics and Research

Thomas J. Stewart,
Director

Kathryn Ashley,
Secretary

Anita Muneta,
Project Manager, CHSE

Mary Tso,
Secretary

Alan B. Goodman, Ph.D.,
Director, AHEC

Verna Gaddy,
Secretary

Jack C. Jackson,
Director, Student Affairs

Ella Ashley,
Secretary

Anslem Roanhorse,
Counselor

Julius Pete,
Counselor

Sylvia Curley,
Counselor

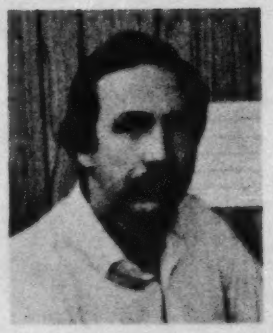
Carl N. Gorman,
Director, NHS

Alice Yazzie,
Secretary

Elizabeth Hendryson,
Librarian

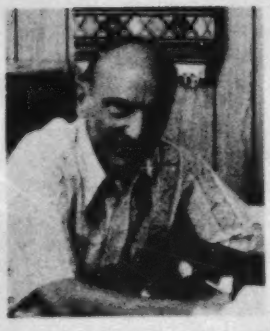
Patricia Bradley,
Assistant Librarian

Adriann Begay,
Page



Charles M. Kaltenbach, Dr. P.H.,
Director,
Preventive Medicine

Robert DeFelice,
Director, Health Education



Merle Pennington, M.D.,
Director,
Family & Community Medicine

Shirley Lowe,
Secretary

Lydia Pourier,
Director, Nursing

Anita Wauneka,
Secretary

Irvin E. Hendryson, M.D.,
Director, EMS

H. Paul Tsosie,
Assistant Director, EMS

Beulah M. Allen,
Research Analyst, EMS

Deborah C. Lucero,
Secretary

Walter Begay,
EMS Instructor

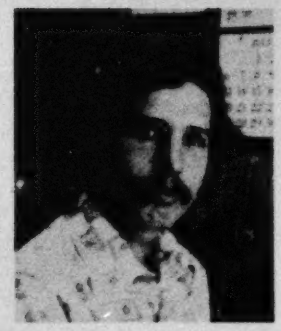
Nathan P. David,
EMS Instructor

Ernest L. Riggs,
EMS Instructor

Cecil Patrick, MPH,
Director

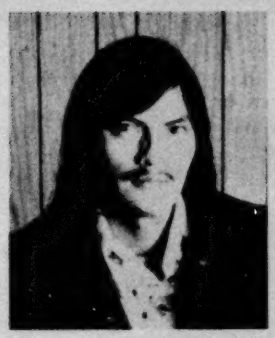
Marie Neswood,
Secretary

Barbara Lacy,
Writer/Editor



Mitchell Cordover,
Community Health Planner

Genevieve Maguelito,
Secretary

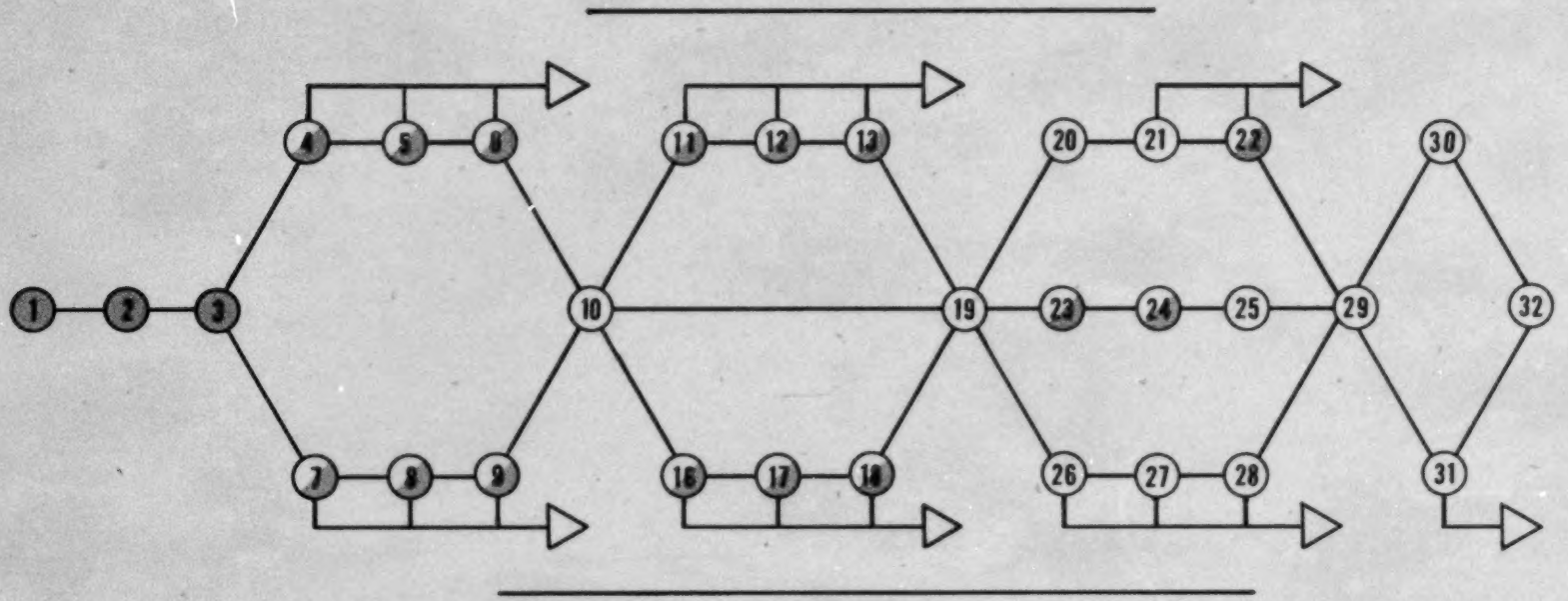


John Hubbard,
Community Health Planner

Priscilla Chee,
Secretary

Kathy Battese,
Field Coordinator

FLOW CHART
NAVAJO HEALTH AUTHORITY — AMERICAN INDIAN SCHOOL OF MEDICINE



1. Organization of the Project
2. Mission and Goals Stated
3. Initial Funding Secured
4. Health Education Program
5. Health Information Program
6. Health Planning Program
7. Health Statistics & Research
8. Student Support
9. Library
10. Programs Functional
11. Community Liaison
12. Governmental Liaison
13. Fund Raising
14. Site Selection
15. Dean Selection
16. Medical School Planning Committee
17. Legislative Liaison
18. Joint Interagency Liaison Committee
19. Governance
20. Core Faculty
21. Curriculum Development
22. Faculty Recruitment
23. Family Practice Residency Program
24. Inter-University Arrangements (B. Sc.)
25. Clinical Facilities Available
26. Legislation Passed
27. Facilities Planning
28. Construction
29. Provisional Accreditation
30. Student Recruitment/Selection
31. AISOM Operational
32. Class #1 Graduates AISOM Accredited

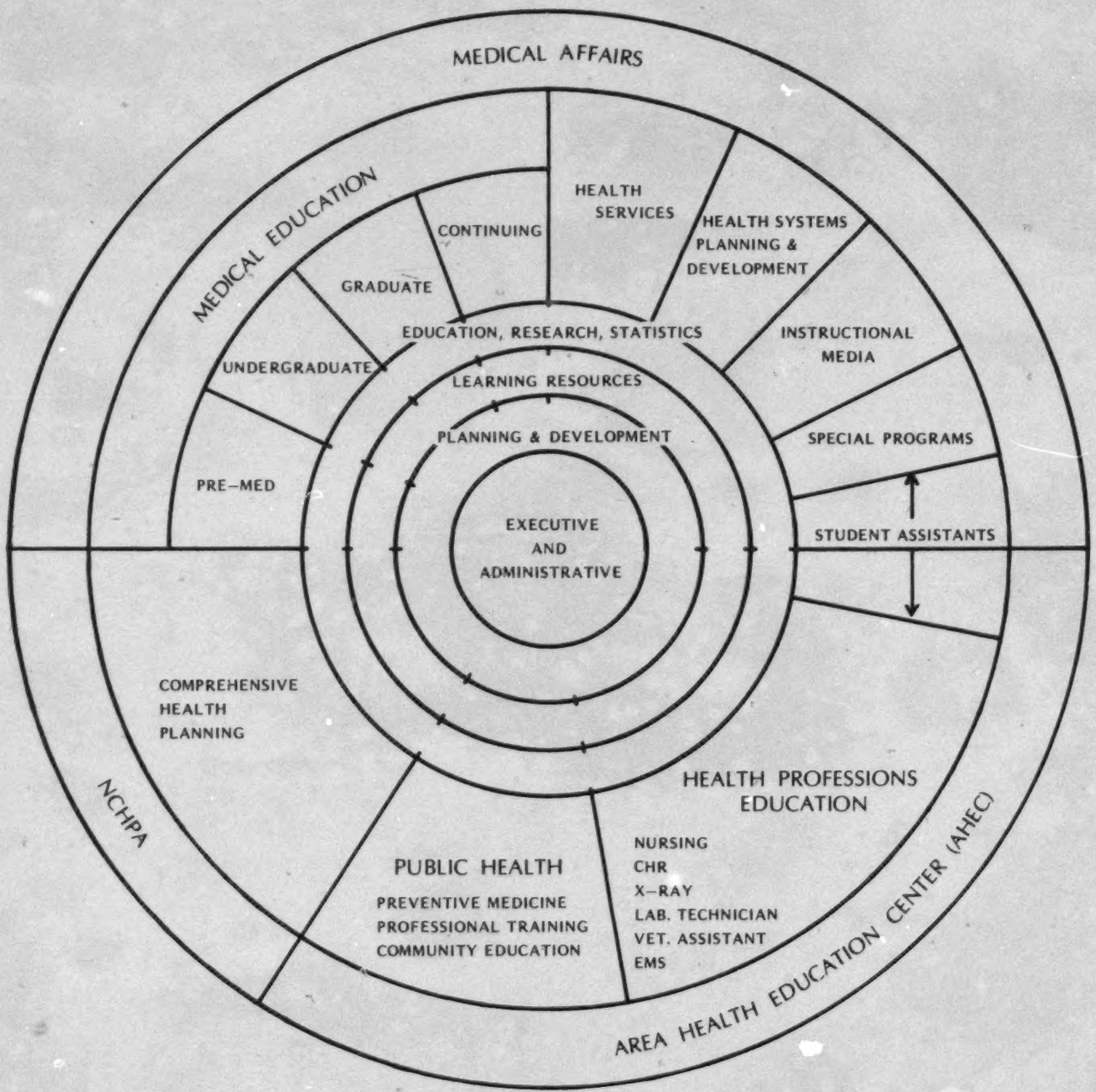
LEGEND

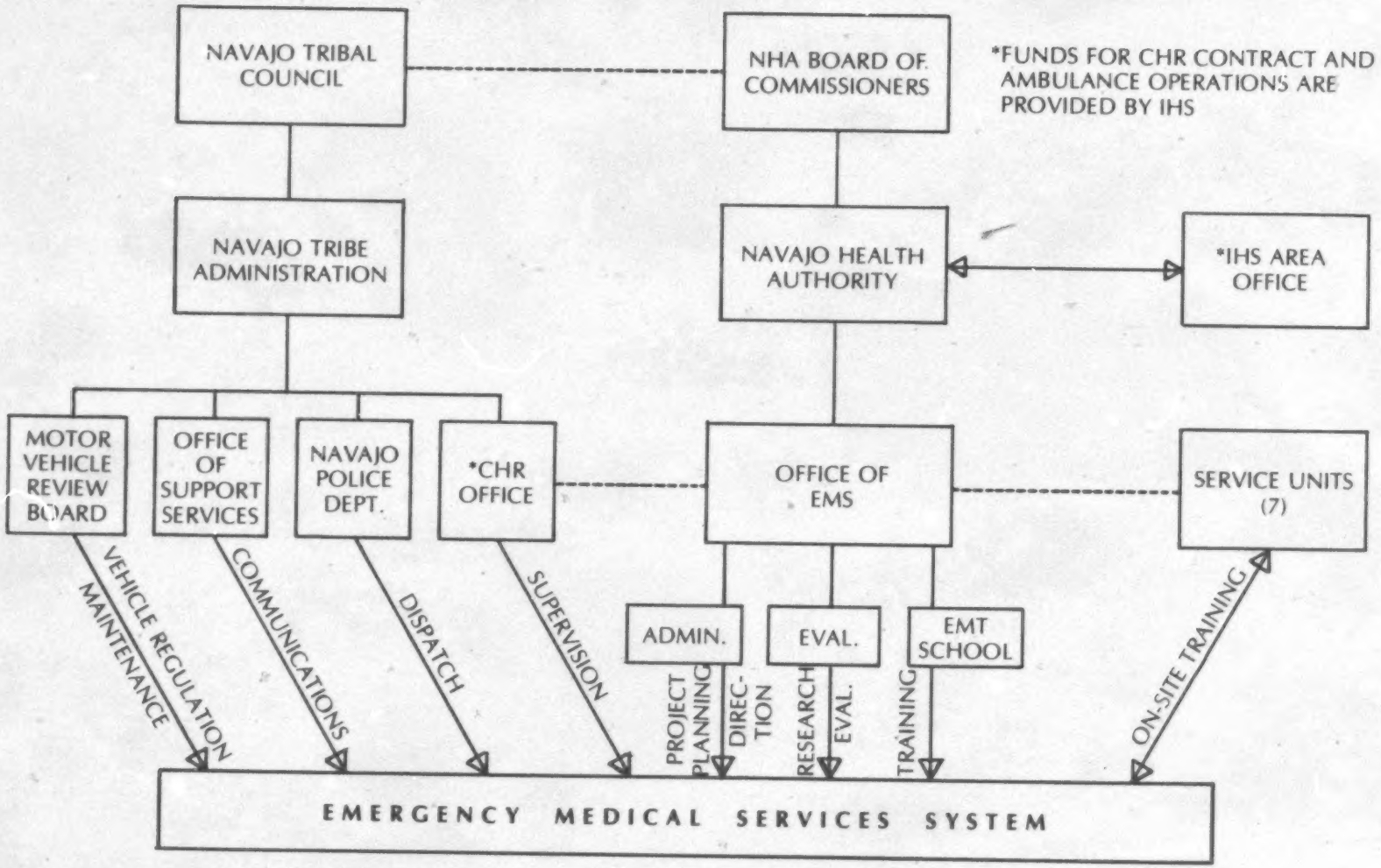
Underway

Completed

Ongoing

FUNCTIONS OF THE NAVAJO HEALTH AUTHORITY




NAVAJO TRIBAL COUNCIL
NHA BOARD OF COMMISSIONERS
*FUNDS FOR CHR CONTRACT AND AMBULANCE OPERATIONS ARE PROVIDED BY IHS
NAVAJO TRIBE ADMINISTRATION
NAVAJO HEALTH AUTHORITY
*IHS AREA OFFICE
MOTOR VEHICLE REVIEW BOARD
OFFICE OF SUPPORT SERVICES
NAVAJO POLICE DEPT.
*CHR OFFICE
OFFICE OF EMS
SERVICE UNITS (7)
ADMIN.
EVAL.
EMT SCHOOL
VEHICLE MAINTENANCE
REGULATION
COMMUNICATIONS
DISPATCH
SUPERVISION
PROJECT PLANNING
DIREC-TION
RESEARCH
EVAL.
TRAINING
ON-SITE TRAINING
EMERGENCY MEDICAL SERVICES SYSTEM

Window Rock
Capitol of the Navajo Nation

	U.S. (general)	AMERICAN INDIAN
Population	210,000,000	850,000
No. of Physicians	340,000	58
*Ratio per 100,000 pop.	162	5
No. of other health prof.	2,260,000	510
*Ratio per 100,000 pop.	1,076	64